



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200  
Fax 613 632-5246

5769  
Nov 10

C10-22  
Job Sheet 185308



Part No: C10-22

Job Qty: 10 ea

Part Name: Lock Bumper



Part Weight: 0 lbs

Status: New

Priority: Medium

Job Created: 10/24/18

Job Tracking No:

Due Date: 11/23/18

Created By: Marie Lajeunesse

Type: SOLD

Description:

Note: DWG C10-22 Rev A IPP Rev A 18.04.10 new issue DP Verify DD

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation          | Qty    | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off |
|-------|--------------------|--------|------------|----------|-----------|---------|-----------------------|-----------|----------|
|       |                    |        |            |          | Setup Hrs | Run Hrs | Workcenter / Supplier | Lead Time |          |
| 90    | Start up Operation | 10 Ea  |            | 11/23/18 | 0.00      | 0.00    | Start Up Small Fab-4  |           | GR       |
| 100   | Small Fab          | 10 pcs |            | 11/23/18 | 0.00      | 1.00    | Small Fab-9           |           | M.L.     |
| 120   | QC                 | 10 pcs |            | 11/23/18 | 0.00      | 0.00    | QC5                   |           | SB       |
| 130   | Packaging          | 10 pcs |            | 11/23/18 | 0.00      | 0.00    | Packaging3-2          |           | JP       |
| 140   | QC21-SA            | 10 Ea  |            | 11/23/18 | 0.00      | 0.00    | QC21                  |           | DAG      |

Part Op Descriptions: 100 - CUT TO SIZE AND CHAMFER AS PER DWG \*\*\*do not drill center hole, see Eng.\*\*\*\*

21  
9-59

NOV 06 2018

### Job BOM

| Part / Item | Component Name                       | Quantity            | Operation             | Container |
|-------------|--------------------------------------|---------------------|-----------------------|-----------|
| 8695K715    | Polyurethane Rod 3/4 DIA. 80A (HARD) | 1.1600 ft (.116 ea) | 90-Start up Operation | S080842   |

### Job Allocations

| Operation             | Component Part | Required | Inventory | Allocated |
|-----------------------|----------------|----------|-----------|-----------|
| 90-Start up Operation | 8695K715       | 1        | 9         | 0         |

### Part Specifications



1270 ABERDEEN STREET  
HAWKESBURY, ON K6A 1K7  
CANADA  
TEL.: 1 613 632-5200  
Email: sales@dartaero.com  
www.dartaerospace.com

not be found.

Plex 10/24/18 3:10 PM Dart.lajeunesse.marie

Container No: S123737



Part: C10-22  
Job No: 185308  
Serial No/Batch: S123737  
Revision: A  
Inspector:  
Exp Date:  
Instructions:

Date: 11/01/18



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

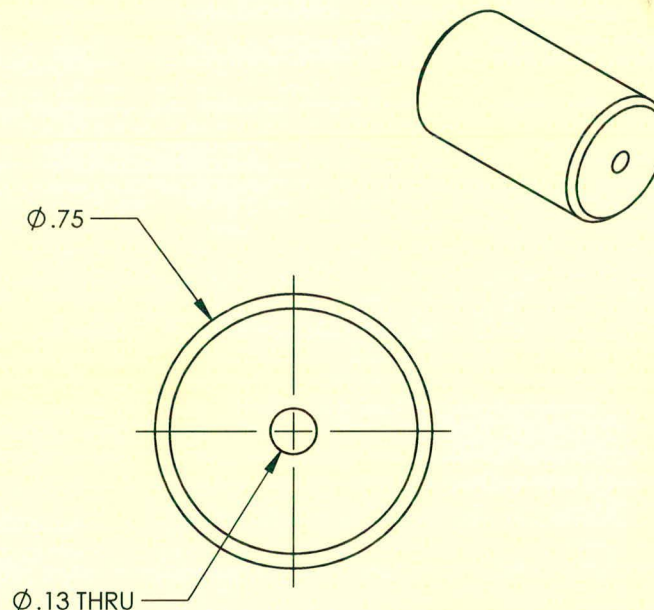
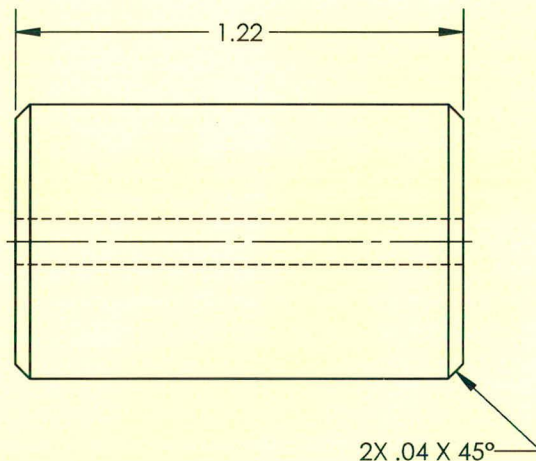
QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            |                                                |                                               |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------|-----------------------------------------------|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                            |                                                |                                               |
| Date : _____                                                 | Step #: _____                                                                                                                                                                      | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                            | MRB (QSI042) Approval                          |                                               |
| Description Work Order Deviation                             |                                                                                                                                                                                    | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                            | Completed By                                   |                                               |
|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            | Lead hand / Supervisor Approval Verification   |                                               |
|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            | QC / QA Coordinator Approval                   |                                               |
|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            |                                                |                                               |
| Root Cause                                                   |                                                                                                                                                                                    | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                            |                                                |                                               |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>                                                                                                                                        | Pressure/Forced <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>      | Positioned Wrong <input type="checkbox"/>     |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>                                                                                                                                                  | Bending <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>         | Outside Dimensions <input type="checkbox"/>   |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>                                                                                                                                              | Centre Not Concentric <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                 | Over/Under tolerance <input type="checkbox"/> |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>                                                                                                                                                  | Cracks <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                  | Part Incorrect <input type="checkbox"/>       |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>                                                                                                                                                  | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>    | Part Lost/Missing <input type="checkbox"/>    |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>                                                                                                                                           | Cuffs <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>       | Part Moved <input type="checkbox"/>           |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>                                                                                                                                          | Crushing <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>               | Drawing <input type="checkbox"/>              |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>                                                                                                                                                   | Heat Treat <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>            | Finish <input type="checkbox"/>               |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>                                                                                                                                       | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>          | Misread <input type="checkbox"/>              |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>                                                                                                                                       | Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/>     |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/>                                                                                                                                     | OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                                |                                               |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            |                                                |                                               |

This drawing, specifications, and concepts contained here in are the sole property of Dart Aerospace, and may not be reproduced or used in any fashion without the prior written permission of Dart Aerospace Eugene, OR.

| REVISIONS |         |                                                                                                           |          |         |          |
|-----------|---------|-----------------------------------------------------------------------------------------------------------|----------|---------|----------|
| REV       | ECR     | DESCRIPTION                                                                                               | DATE     | INITIAL | APPROVED |
|           |         | AS DRAWN BY CANAM.                                                                                        | 5/3/2013 | CFS     |          |
| A         | 14-0115 | CH'D TITLE BLOCK WAS RED BARN IS DART. ADDED BAG & LABEL NOTE. CH'D TOLERANCE ON NON-CRITICAL DIMENSIONS. | 8/8/2014 | DPD     | RW       |



NOTE:  
BAG & LABEL WITH BATCH NUMBER.

SHOP COPY  
RETURN TO  
ENGINEERING  
UNCONTROLLED COPY  
SUBJECT TO AMENDMENT  
WITHOUT NOTICE  
WORK ORDER  
NO. 185308 M15  
18-10-24

|                                                        |                             |
|--------------------------------------------------------|-----------------------------|
| <b>DART<br/>AEROSPACE</b>                              |                             |
| TITLE<br><b>BUMPER</b>                                 |                             |
| DWG NO.<br><b>C10-22</b>                               | REV<br><b>A</b>             |
| MAT'L POLYURETHANE                                     | DRAWN BY: CANAM             |
| UNLESS OTHERWISE SPECIFIED<br>DIMENSIONS ARE IN INCHES | APPROVED <i>D Weil</i>      |
| .XXX ± .005 FRACTIONS ± 1/8                            | HEAT TREAT                  |
| .XX ± .01 ANGLES ± .5°                                 | FINISH                      |
| .X ± .1                                                | SPEC                        |
| 1. BREAK ALL SHARP EDGES .015 x 45°<br>OR .015R        | USED ON MODEL               |
| 2. DIMENSIONAL LIMITS APPLY AFTER<br>PLATING           |                             |
| SCALE 2:1                                              | DATE 4/26/2002 SHEET 1 OF 1 |

| ASSY QTY | ASSY QTY | B/O | Part # | UNIT QTY | Description | Material     | B/O INFORMATION OR SPECIFICATIONS |
|----------|----------|-----|--------|----------|-------------|--------------|-----------------------------------|
|          |          |     | C10-22 | 1        | BUMPER      | POLYURETHANE | Ø7/8 X 1-3/8                      |



